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APPLICANTS

Alexander Gaiger, Vienna, AUSTRIA;
 Paul A Algate, Issaquah, WA;
 Jane Mannion, Edmonds, WA;
 Jonathan David Clapper, Seattle, WA;
 Aijun Wang, Issaquah, WA;
 Nadia Ordóñez, Seattle, WA;
 Lauren Carter, Seattle, WA;
 Patricia Dianne McNeill, Federal Way, WA;

**** CONTINUING DATA *******

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**** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Initials	AUSTRIA	15	35	6

ADDRESS

SEED INTELLECTUAL PROPERTY LAW GROUP PLLC
 701 FIFTH AVE
 SUITE 5400
 SEATTLE, WA 98104
 UNITED STATES

TITLE

Compositions and methods for the detection diagnosis and therapy of hematological malignancies

FILING FEE RECEIVED 3096	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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